



November 13, 2023

VIA EMAIL: [kellytours@kellytours.com](mailto:kellytours@kellytours.com)

[DAVID@kellytours.com](mailto:DAVID@kellytours.com)  
~~[SPURVIS@KELLYTOURS.COM](mailto:SPURVIS@KELLYTOURS.COM)~~

Kelly Tours, Inc.  
2788 US Hwy 80 W  
Garden City, GA 31408  
ATTN: Don Adams, President

**Reference:** RFP 20-472, Charter Bus Services

Dear Mr. Adams:

As a result of the excellent service provided by Kelly Tours, Inc., the DeKalb County School District (“DCSD”) desires to renew the award of RFP 20-472, Charter Bus Services for one (1) year on the same terms, conditions and pricing as set forth in the License and Services Agreement between DCSD and Kelly Tours, Inc., dated January 23, 2020. The purpose of this letter is to obtain Kelly Tours, Inc.’s acceptance of DCSD’s offer to renew the License and Services Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from January 1, 2024, through December 31, 2024. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Kelly Tours, Inc.’s consideration of this offer to renew the award of RFP 20-472.

If accepted, please submit a copy of your company’s proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below and email both documents to [lakesia\\_watkins@dekalbschoolsga.org](mailto:lakesia_watkins@dekalbschoolsga.org), no later than Monday, November 27, 2023. Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,

*Carla L. Smith*

Carla L. Smith  
Executive Director, Vendor Services

CLS/smg  
c: Mr. Richard Boyd  
Mr. Cedric Burse  
Ms. Chandra Carter

**ACKNOWLEDGMENT**

Kelly Tours, Inc., hereby accepts DeKalb County School District’s offer to renew the award of RFP 20-472, Charter Bus Services, as set forth in the License and Services Agreement, until December 31, 2024. Kelly Tours, Inc. understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

Authorized Signatory

*David Chason*

Name (Typed or Printed)

*11-14-23*

Date

*Vice President*

Title of Authorized Signatory



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> TIB Transportation Ins. Brkrs 425 W Broadway, Suite 300 Glendale CA 91204  License#: L091975 KELLTOU-01	<b>CONTACT NAME:</b> Marcie Ramos <b>PHONE (A/C. No. Ext):</b> 818-246-2800 <b>E-MAIL ADDRESS:</b> mramos@tibinsurance.com		<b>FAX (A/C. No):</b> 818-246-4690
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Kelly Tours, Inc. All ways Savannah, LLC dba Gray Line Savannah 2788 US Hwy 80 W, Garden City GA 31408-2930	<b>INSURER A:</b> Carolina Casualty		10510
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1096498461

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	KCA26630482	9/28/2023	9/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	KCA26630482	9/28/2023	9/28/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Dekalb County School District is included as additional insureds with respects to General Liability, Automobile Liability. General Liability, Automobile Liability and policies are primary and non-contributory in favor of the additional insureds.  
 Waiver of Subrogation is included in favor of the additional insureds with regards to General Liability, Automobile Liability. In consideration of no change in premium, it is hereby understood and agreed that we will endeavor to provide a written notice of cancellation with a time frame determined by state notice requirements to Dekalb County School District in the event of cancellation request of any kind. Notice of Cancellation will be sent to the following address:  
 1701 Mountain Industrial Blvd, Stone Mountain, GA 30083

**CERTIFICATE HOLDER****CANCELLATION**

Dekalb County School District  
 1701 Mountain Industrial Blvd  
 Stone Mountain GA 30083

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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